



## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail** Box ISSUE FEE  
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30560 7590 10/02/2002

MAXYGEN, INC.  
515 GALVESTON DRIVE  
RED WOOD CITY, CA 94063

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Julie K. Mause	(Depositor's name)
<i>Julie K. Mause</i>	(Signature)
December 17, 2002	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/648,569	08/23/2000	ANDERS HJELHOLT PEDERSEN	0202US810	5794

TITLE OF INVENTION: INTERFERON-BETA VARIANTS AND CONJUGATES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1280	\$0	\$1280	01/02/2003

EXAMINER	ART UNIT	CLASS-SUBCLASS
SEHARASEYON, JEGATHEESAN	1647	424-085600

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Joanne R. Petithory  
2. Norman J. Kruse  
3. \_\_\_\_\_

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

MAXYGEN ApS

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Hoersholm, Denmark

Please check the appropriate assignee category or categories (will not be printed on the patent) ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee  
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☒ Advance Order - # of Copies Five (5)

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(Authorized Signature) *Joanne R. Petithory* (Date) 12/17/02

Joanne R. Petithory, Reg. No. 42 995

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